## Application Form for UTZ Certification

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| **How to fill in the form:** |
| *If you see a grey field after the title or text, such as this one****,*** *please click with the mouse on this grey field and write your text there- it will be written in the right font. In tables please use simply the empty lines and add additional table lines if necessary (table/add/lines). In the selection-boxes, simply click or on your selection and an “X” will appear.*  *Complete this form in print, typed or any other electronic format and send it to* [*applications@africertlimited.co.ke*](mailto:applications@africertlimited.co.ke) *and* [*info@africertlimited.co.ke*](mailto:info@africertlimited.co.ke) |

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| **1** | **Name of the operator / Co-operative / company applying for certification:** | | | | | | | |  | | | | | | | | |
| **2** | **Address:** | | | | | | | | | | | | | | | | |
| Road°: | | | | | | | | | | | P.O. Box: | | | | | |
| Postal Code: | | | | | | | | | | | City: | | | | | |
| Email:: | | | | | | | | | | | Country: | | | | | |
| Phone: | | | | | | Fax: | | | | | | | | Mobile: | | |
| KRA PIN No:  ***Mandatory for Kenyan companies*** | | | | | | | | | | | | | | | | |
| Should the certificate be sent to the above address? Yes No  If no, please indicate address for certificate dispatch:  P.O. Box  Postal code  City  Country | | | | | | | | | | | | | | | | |
| **3** | **Legal status** (Ownership of farm) | | | | | | | | | | **Registration number of company**: | | | | | | |
| Name and address of Holding company\*:  \* If the applying company is a part of a holding company | | | | | | | | | | | | | | | | |
| Countries where the products are intended to be traded: | | | | | | | | | | | | | | | | |
| **4** | **Certification Contact Person Name:** | | | | |  | | | | | | | | | | | |
| Title: | | | | |  | | | | | | | | | | | |
| Phone number : | | | | |  | | | | | | | | | | | |
| Email Address: | | | | |  | | | | | | | | | | | |
| **Financial Contact Person Name:** | | | | |  | | | | | | | | | | | |
| Title: | | | | |  | | | | | | | | | | | |
| Phone : | | | | |  | | | | | | | | | | | |
| Email Address: | | | | |  | | | | | | | | | | | |
| **5** | **Scope applied for**: | | | | | | | UTZ Code of Conduct  Version  Chain of Custody  Version | | | | | | | | | |
| **6** | **Type of Service:** Pre-inspection  Certification Audit | | | | | | | | | | | | | | | | |
| **Year of certification applied for:** | | Year 1 Year 2 Year 3 Year 4 | | | | | | | | | | | | | | |
| **7** | **Previous certification with another certification body for UTZ**? No:  Yes:  Name of Certification Body       Date of first UTZ certification  Other certification scheme(s) the entity is certified for\*  Organic Fairtrade Rainforest  Other. If other, please specify here | | | | | | | | | | | | | | | | |
| **8** | **UTZ GIP Producer Member Number** | | | | | | | | | | | | | | | | |
| **9** | **I am applying for certification for the following areas / sites:** (Co-operatives see section 12)  ***Please add more rows as necessary*** | | | | | | | | | | | | | | | | |
| Estate/Farm | | | | Size (ha) | | | | | | | | | Location | | | |
|  | | | |  | | | | | | | | |  | | | |
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|  | | | |  | | | | | | | | |  | | | |
| **10** | **Total Production Data** previous year | | | | | | | | | Green leaves (kg):  Made Tea (kg)  Green Tea (kg) | | | | | | | |
| **Total Production estimate** current year  ***Fill for the product to be certified*** | | | | | | | | | Green leaves (kg):  Made Tea (kg)  Green Tea (kg) | | | | | | | |
| **11** | **Processing activities** | | | | | | | | | | | | | | | | |
| Name of entity that does the processing: | | | Location of the entity: | | | | | | | | | Ownership: | | | | Chain of custody certification: |
|  | | |  | | | | | | | | | certificate holder  subcontracted | | | | Yes No  In process |
|  | | |  | | | | | | | | | certificate holder  subcontracted | | | | Yes No  In process |
|  | | |  | | | | | | | | | certificate holder  subcontracted | | | | Yes No  In process |
|  | | |  | | | | | | | | | certificate holder  subcontracted | | | | Yes No  In process |
|  | | |  | | | | | | | | | certificate holder  subcontracted | | | | Yes No  In process |
| **12** | **For Co-operatives Please attach the following**  **Farmers list with the headings as shown in AC01l Annex 1 UTZ Registry of Group Members.** | | | | | | | | | | | | | | | | |
| How many cooperatives belong to the entity? | | | | | | | | |  | | | | | | | |
| How many group members in total belong to the entity? | | | | | | | | |  | | | | | | | |
| How many farms in total belong to the entity? | | | | | | | | |  | | | | | | | |
| **13** | **Information about the workforce:** | | | | | | | | | | | | | | | | |
| The permanent workforce is about how many people? | | | | | | | | | Men       Women  Total | | | | | | | |
| At peak processing the temporary workforce is about how many people? | | | | | | | | | Men       Women  Total | | | | | | | |
| Are there labour organizations active in the entity? If yes, please describe | | | | | | | | |  | | | | | | | |
| How many members does the labour organization/union have? | | | | | | | | |  | | | | | | | |
| **14** | **Information about service providers:** | | | | | | | | | | | | | | | | |
| **Name of service provider** | **Service offered** | | | | | | | | **Location** | | | | | | **Is the service provider certified?** | |
|  |  | | | | | | | |  | | | | | | Yes No | |
|  |  | | | | | | | |  | | | | | | Yes No | |
|  |  | | | | | | | |  | | | | | | Yes No | |
| **15** | **Disclosure of information:** Upon acceptance of a formal contract and by signing this document, Producer:  Authorizes Does not authorize UTZ to distribute the summary report to Utz Certified buyers. | | | | | | | | | | | | | | | | |
| **16** | **Note**: Operators applying for certification must have access to the applicable standards (valid version) this can be downloaded free of charge from [www.utz.org](http://www.utz.org)  Or obtained from the information pack from AfriCert Ltd (delivery and printing cost charged to the client). | | | | | | | | | | | | | | | | |

Name (Authorised Signatory):       Date:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_

Company stamp:

**FOR AFRICERT’S USE ONLY:**

| Application reviewed and approved by: |  |
| --- | --- |
| Date of final review and approval: |  |